## **CHARITABLE ORGANIZATION**

## ANNUAL FUNDRAISING ACTIVITY REPORT (MAINE)

## **Report Solicitations For Most Recent Fiscal Year**

CHARITABLE ORGANIZATION	NINFORMATION (please print)			
NAME OF CHARITABLE ORGANIZATION	, i			
LICENSE #: CO				
MAILING ADDRESS				
CITY STATE	ZIP			
PHONE # ( ) FAX # ( ) E-MAIL:				
Fiscal Year: From: mm/dd/yyyy To: mm/dd/yyyy				
Dates of Fundraising Campaign: From: mm	Iddlyyyy To: mm Iddlyyyy			
Total dollar amount raised from contributions from	this campaign: \$			
Dates of Fundraising Campaign: From: mm				
Total dollar amount raised from contributions from	this campaign: \$			
Dates of Fundraising Campaign: From: mm				
Total dollar amount raised from contributions from	this campaign: \$			
Dates of Fundraising Compaign: From:	Total young total young			
Dates of Fundraising Campaign: From: mm  Total dollar amount raised from contributions from				
Total dollar amount raised from contributions from	ulis campaign.   \$			
COMPLETE THIS SECTION	FOR ENTIRE FISCAL YEAR			
Total dollar amount raised from contributions for the Fiscal Year: \$				
	, , , , , , , , , , , , , , , , , , ,			
Did you contract with a Professional Solicitor?   Yes   No If yes, complete page 2. The				
Professional Solicitor must be licensed in Maine.				
Did you contract with a Professional Fund-Raising Counsel?   Yes No If yes, complete page  The Professional Fund Paising Counsel must be lineaged in Main.				
3. The Professional Fund-Raising Counsel must b	e licensed in Maine.			
By my signature, I hereby certify that the information provided on this annual fund-raising activity report is true and				
accurate to the best of my knowledge and belief.				
Name (Printed or Typed)	Title (Printed or Typed)			
Signature:	Date:			

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Professional Solicitor - Photocopy as needed

NAME OF PROFESSIONAL SOL	CITOR		
LICENSE #: PS			
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE # ( ) FAX #	( ) E	-MAIL:	
Dates of Fundraising Campaign:	From: mm/dd/yyyy	To:	mm IddIyyyy
Total dollar amount raised from co			\$
Total dollar amount retained by pr	ofessional solicitor for campaig	n:	\$
NAME OF PROFESSIONAL SOL	CITOR		
LICENSE #: PS			
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE # ( ) FAX #	( ) E	-MAIL:	
Dates of Fundraising Campaign:	From: mm/dd/yyyy	To:	mm IddIyyyy
Total dollar amount raised from co			\$
Total dollar amount retained by pr	ofessional solicitor for campaig	n:	\$
NAME OF PROFESSIONAL SOL	CITOR		
LICENSE #: PS			
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE # ( ) FAX #	( ) E	-MAIL:	
Dates of Fundraising Campaign:	From: mm/dd/yyyy	To:	mm IddIyyyy
Total dollar amount raised from co			\$
Total dollar amount retained by pr	ofessional solicitor for campaig	n:	\$
NAME OF PROFESSIONAL SOL	CITOR		
LICENSE #: PS MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE # ( ) FAX #	( ) E	-MAIL:	
Dates of Fundraising Campaign:	From: mm/dd/yyyy	To:	mm Iddlyyyy
Total dollar amount raised from contributions from this campaign:		\$	
Total dollar amount retained by pr	ofessional solicitor for campaig	n:	\$
	THE SECTION FOR ENTIRE		

## COMPLETE THIS SECTION FOR ENTIRE FISCAL YEAR

Total dollar amount raised from contributions for the Fiscal Year:	\$
Total dollar amount retained by professional solicitor for the Fiscal Year:	\$

Professional Fund-Raising Counsel - Photocopy as needed NAME OF PROFESSIONAL FUND-RAISING COUNSEL

TWINE OF THE LOCIOTALE OND TWICH COUNTED
LICENSE #: PFR
MAILING ADDRESS
CITY STATE ZIP
PHONE # ( ) FAX # ( ) E-MAIL:
Dates of Fundraising Campaign: From: mm /dd/yyyy To: mm /dd/yyyy
Total dollar amount raised from contributions from this campaign: \$
Total dollar amount paid to professional fund-raising counsel for campaign: \$
NAME OF PROFESSIONAL FUND-RAISING COUNSEL
LICENSE #: PFR
MAILING ADDRESS
CITY STATE ZIP
PHONE # ( ) FAX # ( ) E-MAIL:
Dates of Fundraising Campaign: From: mm/dd/yyyy To: mm/dd/yyyy
Total dollar amount raised from contributions from this campaign: \$
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CITY STATE ZIP
PHONE # ( ) FAX # ( ) E-MAIL:
Dates of Fundraising Campaign: From: mm /dd/yyyy To: mm /dd/yyyy
Total dollar amount raised from contributions from this campaign: \$
Total dollar amount paid to professional fund-raising counsel for campaign: \$
COMPLETE THIS SECTION FOR ENTIRE FISCAL YEAR
Total dollar amount raised from contributions for the Fiscal Year:

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Total dollar amount paid to professional fund-raising counsel for the Fiscal Year: